Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Todd	 Patricia
	your government-issued picture identification (for	First name	First name
	example, your driver's license or passport).	Martin	Ellen
	,	Middle name	Middle name
	Bring your picture identification to your	Deason	Deason
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		Patty Ellen Deason
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5676	xxx-xx-6007

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)	■ I have not used any business name or EINs.  Business name(s)		
	EINs	EINs		
Where you live	50444 Nantwich	If Debtor 2 lives at a different address:		
	Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
	Macomb	County		
	County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)		
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  Business name(s)  Business name(s)  Business name(s)  Business name(s)  Business name(s)  Business name(s)  Business name or EINs.  Business name or EINs.		

	otor 1 otor 2	Todd Martin Dease Patricia Ellen Deas				_	Case number (if known)
Par	t 2:	Tell the Court About \	our Bank	ruptcy Ca	ase		
7.	Bank	chapter of the cruptcy Code you are			brief description of each, see a		by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy oriate box.
	cnoc	sing to file under	☐ Chapt	er 7			
			☐ Chapt	er 11			
			☐ Chapt	er 12			
			■ Chapt	er 13			
8.	How	you will pay the fee	abo ord a p	out how your er. If your re-printed	ou may pay. Typically, if you a attorney is submitting your pa address.	re paying the fea	check with the clerk's office in your local court for more details be yourself, you may pay with cash, cashier's check, or money behalf, your attorney may pay with a credit card or check with
					<b>y tne fee in installments.</b> If y ee <i>in Installment</i> s (Official Fori		option, sign and attach the Application for Individuals to Pay
			but app	is not required	quired to, waive your fee, and uur family size and you are una	may do so only in the feature of the	ption only if you are filing for Chapter 7. By law, a judge may, if your income is less than 150% of the official poverty line that ee in installments). If you choose this option, you must fill out Official Form 103B) and file it with your petition.
9.		you filed for	■ No.				
		ruptcy within the 3 years?	☐ Yes.				
				District		When	Case number
				District		When	Case number
				District		When	Case number
10.		any bankruptcy s pending or being	■ No				
	filed not f you,	by a spouse who is iling this case with or by a business ner, or by an	☐ Yes.				
				Debtor			Relationship to you
				District		When	Case number, if known
				Debtor			Relationship to you
				District		_ When	Case number, if known
11.		ou rent your lence?	■ No.	Go to I	line 12.		
	. 5510		☐ Yes.	Has yo	our landlord obtained an evicti	on judgment aga	ainst you?
					No. Go to line 12.		
					Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition.	t About an Evicti	tion Judgment Against You (Form 101A) and file it as part of

	otor 2				Case number (if known)
Par	t 3: Report About Any Bu	ısinesses	You Owr	n as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	oer, Street, City, Stat	te & ZIP Code
	it to this petition.				x to describe your business:
					ness (as defined in 11 U.S.C. § 101(27A))
				•	Estate (as defined in 11 U.S.C. § 101(51B))
					efined in 11 U.S.C. § 101(53A)) r (as defined in 11 U.S.C. § 101(6))
				None of the above	
			court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	■ No.	I am ı	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am i Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am i	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Todd Martin Deason
Debtor 2 Patricia Ellen Deason

Case number (if known)

### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 Todd Martin Deas tor 2 Patricia Ellen Dea				Case nu	umber (if known)	
Part	6: Answer These Quest	tions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.				e defined in 11 U.S.C. § 101(8) as "incurred by a	ın
			Yes. Go to line 17.				
		16b.	Are your debts primarily business money for a business or investment				
			☐ No. Go to line 16c.				
			Yes. Go to line 17.				
		16c.	State the type of debts you owe the	at are not consum	ner debts or bus	isiness debts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	o to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available	u estimate that aft e to distribute to u	er any exempt insecured credi	t property is excluded and administrative expens ditors?	es
	administrative expenses		□ No				
	are paid that funds will be available for distribution to unsecured creditors?	I	☐ Yes				
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		<b>2</b> 5,001-50,000	
	you estimate that you owe?	☐ 50-99 ☐ 100-1 ☐ 200-9	99	□ 5001-10,000 □ 10,001-25,00		☐ 50,001-100,000 ☐ More than100,000	
19.	How much do you estimate your assets to be worth?	☐ \$100,	550,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001  \$50,000,001  \$100,000,000	- \$50 million - \$100 million		
20.	How much do you estimate your liabilities to be?	+ , -	550,000 001 - \$100,000 001 - \$500,000	□ \$1,000,001 - □ \$10,000,001	- \$50 million	\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion	
			001 - \$1 million	□ \$50,000,001 □ \$100,000,00		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
Part	:7: Sign Below						
For	you	I have ex	camined this petition, and I declare ι	under penalty of p	erjury that the in	information provided is true and correct.	
						gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.	
			rney represents me and I did not pa nt, I have obtained and read the noti			is not an attorney to help me fill out this b).	
		I request	relief in accordance with the chapte	er of title 11, Unite	d States Code,	s, specified in this petition.	
			cy case can result in fines up to \$25			ney or property by fraud in connection with a p 20 years, or both. 18 U.S.C. §§ 152, 1341, 151	9,
		/s/ Todo	d Martin Deason			Ellen Deason	
			lartin Deason e of Debtor 1		Patricia Elle Signature of De		
		Executed	January 10, 2018 MM / DD / YYYY		Executed on	January 10, 2018 MM / DD / YYYY	-

Debtor 1 Todd Martin Deason Debtor 2 Patricia Ellen Deason			Case number (if known)	
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in th under Chapter 7, 11, 12, or 13 of title 11, U for which the person is eligible. I also certi	nited States Code, and have	e explained the relief a	vailable under each chapter
f you are not represented by an attorney, you do not need to file this page.	, , , , , , , , , , , , , , , , , , , ,		nowledge after an inqui	ry that the information in the
	/s/ Daniela Dimovski	Date	January 10, 20	<del>)</del> 18

/s/ Daniela Dimovski	Date	January 10, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Daniela Dimovski P60278		
Printed name		
Daniela Dimovski Attorney at Law P.C.		
Firm name		
44200 Garfield Road Suite 124		
Clinton Township, MI 48038		
Number, Street, City, State & ZIP Code		
Contact phone <b>586-738-6329</b>	Email address	danieladimovski@gmail.com
P60278		
Description 0 Otata		

Deb		nation to identify your				
	tor 1	Todd Martin Deas	Middle Name	Last Name		
Deb	tor 2	Patricia Ellen Dea		Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Llnit	ad States Bar	nkruptcy Court for the:	EASTERN DISTRICT (	OF MICHIGAN		
Office	eu States Dai	ikiupicy Court for the.	LASTERN DISTRICT	SI WICHIGAN		
	e number					
(if kno	wn)				_	k if this is an
					amen	ded filing
		rm 106Sum				
				nd Certain Statistical Information e are filing together, both are equally responsible f		12/15
	original form			he information on this form. If you are filing amend to the box at the top of this page.	Your a	
	Calcadula A	ID- Duamanter (Official E	100A (D)			,
1.	1a. Copy line	<b>/B: Property</b> (Official Fo	orm 106A/B) rom Schedule A/B		\$	540,000.00
					\$	20,547.94
	1c. Copy line	e 63, Total of all propert	y on Schedule A/B		\$	560,547.94
Part	2: Summa	arize Your Liabilities				
						<b>abilities</b> It you owe
2.			claims Secured by Propert mn A, Amount of claim, at	y (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	524,606.04
3.			Unsecured Claims (Official 1 (priority unsecured claim	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$	57,164.19
				Your total liabilities	\$ \$	581,770.23
Part	3: Summa	arize Your Income and	I Expenses			
4.		Your Income (Official Fo		e /	\$	8,690.19
4.	Schedule I:	Your Expenses (Official nonthly expenses from li	,		\$	7,611.80
<del>-</del> . 5.			· Administrative and Sta	tistical Records		
	Copy your m	r These Questions for	Auministrative and Sta			
5. Part	Copy your m  4: Answe					
5.	Copy your m  4: Answel  Are you filin	ng for bankruptcy und	er Chapters 7, 11, or 13?	Pheck this box and submit this form to the court with yo	our other sc	hedules.
5. Part	Copy your m  4: Answel  Are you filin	ng for bankruptcy und	er Chapters 7, 11, or 13?		our other sc	hedules.

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Official Form 106Sum

the court with your other schedules.

page 1 of 2

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1	Todd Martin Deason
Debtor 2	Patricia Ellen Deason

Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

13,281.47

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

	in this informa	tion to identify	your case and th	is filino	g:				
	otor 1	Todd Martin	_						
		First Name		Name	Last Name				
Deb	otor 2	Patricia Elle	n Deason						
(Spo	use, if filing)	First Name	Middle	Name	Last Name				
Unit	ed States Bank	ruptcy Court for	r the: EASTERN	DISTRI	CT OF MICHIGAN				
Cas	e number							_	heck if this is an mended filing
	ficial Forr chedule		_						12/15
					only once. If an asset fits in more than one			41	
	ver every questio	on.	·		his form. On the top of any additional pages  Estate You Own or Have an Interest In	s, write your i	name and case	numbe	r (if known).
	Yes. Where is th	ne property?							
1.1				What	is the property? Cheek all that each				
1.1	50444 Nanty	wich		vviiai	is the property? Check all that apply				
		vailable, or other des	scription		Single-family home				xemptions. Put on <i>Schedule D:</i>
	onoct address, ii a	valiable, or other dec	sonpaon		Duplex or multi-unit building				red by Property.
					Condominium or cooperative				
				П	Manufactured or mobile home				
			48044-0000			Current va			nt value of the
	Macomb	MI			Land			DOLLIO	
	Macomb	MI			1	· · · · · · · · · · · · · · · · · · ·	-	p	n you own?
	Macomb City	State	ZIP Code		Investment property Timeshare	\$30	00,000.00		\$300,000.00
					Timeshare Other	Describe to	00,000.00 he nature of y	our own	
				Who	Timeshare Other has an interest in the property? Check one	Describe to (such as for a life estate	00,000.00 he nature of y ee simple, ten e), if known.	our own	\$300,000.00 ership interest
	City			Who	Timeshare Other has an interest in the property? Check one Debtor 1 only	Describe to (such as for a life estate	00,000.00 he nature of y	our own	\$300,000.00 ership interest
	City			Who	Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Describe to (such as for a life estate	00,000.00 he nature of y ee simple, ten e), if known.	our own	\$300,000.00 ership interest
	City			Who	Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Describe to (such as for a life estate fee simp	00,000.00 he nature of y ee simple, ten e), if known.	our own ancy by	\$300,000.00 ership interest the entireties, or
	City			Who	Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Describe to (such as for a life estate fee simp	he nature of yee simple, ten e), if known. ble entirities	our own ancy by	\$300,000.00 ership interest the entireties, or

Debtor 1 Debtor 2					Ca	se number (if known)	
lf y	ou own or have	more	than one, list h	ere:			
1.2			•		is the property? Check all that apply		
	01 Schroeder				Single-family home		ured claims or exemptions. Put
Stree	eet address, if available, o	r other des	scription		Duplex or multi-unit building		secured claims on Schedule D: ve Claims Secured by Property.
					Condominium or cooperative		, , ,
					Manufactured or mobile home	•	La Constant and a state
Po	well	TN	37849-0000		Land	Current value of t entire property?	he Current value of the portion you own?
City	,	State	ZIP Code		Investment property	\$240,000	0.00 \$240,000.00
					Timeshare	Describe the natu	re of your ownership interest
					Other	_ (such as fee simp	ole, tenancy by the entireties, or
				_	has an interest in the property? Check one	a life estate), if kr	
					Debtor 1 only	fee simple en	tirities
Kn	ox				Debtor 2 only		
Cou	ınty				Debtor 1 and Debtor 2 only	— Check if this	is community property
					At least one of the debtors and another	(see instructions	
					r information you wish to add about this it erty identification number:	tem, such as local	
No Yes  Water Examp	vans, trucks, traces s rcraft, aircraft, mooles: Boats, trailers	tors, sp	port utility vehicle	s, moto	eational vehicles, other vehicles, and versels, snowmobiles, motorcycle a	d accessories	
☐ Yes	S						
.page	es you have attach		rtion vou own for		our entries from Part 2, including an here		\$0.00
Part 3:			Part 2. Write that r				
Da	own or nave any		Part 2. Write that i	4 in anu	and the fallowing items?		Comment value of the
-		legal or	Part 2. Write that repair the second	t in any	of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6. <b>House</b> Exam □ No	ehold goods and nples: Major applia	legal or furnishi	Part 2. Write that need to the second				portion you own? Do not deduct secured
6. <b>House</b> Exam	<b>ehold goods and</b> nples: Major applia	furnishi	Part 2. Write that need to the second	a, kitche	enware		portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

	ebtor 1 ebtor 2	Todd Martin Patricia Eller		)
7.	Electroni Example	s: Televisions ar	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music phones, cameras, media players, games	collections; electronic devices
	_	Describe		
			3 tvs desktop	\$1,500.00
В.			figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coinns, memorabilia, collectibles	n, or baseball card collections;
	■ No □ Yes. I	Describe		
9.		ent for sports ar es: Sports, photog musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	_	Describe		
10.	_ `		, shotguns, ammunition, and related equipment	
	■ No □ Yes. I	Describe		
11.	. <b>Clothes</b> Exampl		othes, furs, leather coats, designer wear, shoes, accessories	
	Yes.	Describe		
			general clothing	\$500.00
12.	□ No		velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
	<b>—</b> 165. 1	Describe		
			wedding ring	\$1,500.00
			wedding band	\$100.00
13.	Exampl □ No	m animals les: Dogs, cats, b	pirds, horses	
			dog	\$100.00
14.	■ No	-	d household items you did not already list, including any health aids you did not list	
	☐ Yes. (	Give specific info	ormation	
15			of all of your entries from Part 3, including any entries for pages you have attached number here	\$6,700.00

Schedule A/B: Property

Official Form 106A/B

page 3

Debtor 1 Todd Martin Debtor 2 Patricia Elle			Case number (if known)	
Part 4: Describe Your Final	ncial Asset	s		
Do you own or have any			of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		our wallet, in your home,	in a safe deposit box, and on hand when you file your petition	
			s; certificates of deposit; shares in credit unions, brokerage ho the same institution, list each.	uses, and other similar
Yes			Institution name:	
	17.1.	checking	Genisys	\$1,200.00
	17.2.	checking	Genisys	\$5.00
	17.3.	checking savings	Y-12 FCU	\$5.00
<ul><li>19. Non-publicly traded s joint venture</li><li>■ No</li><li>□ Yes. Give specific in</li></ul>	formation		ed and unincorporated businesses, including an interest i % of ownership:	n an LLC, partnership, and
Negotiable instrument	s include p	personal checks, cashiers	le and non-negotiable instruments of checks, promissory notes, and money orders. of to someone by signing or delivering them.	
☐ Yes. Give specific inf		about them uer name:		
□ No ′	IRA, ERIS	SA, Keogh, 401(k), 403(b	o), thrift savings accounts, or other pension or profit-sharing pl	ans
Yes. List each accou		ely. of account:	Institution name:	
	401k		Voya	\$12,637.94
	ed deposit	s you have made so that	you may continue service or use from a company ic utilities (electric, gas, water), telecommunications companie	es, or others
■ No □ Yes			Institution name or individual:	
■ No	·	, ,	you, either for life or for a number of years)	
	ssuer nam	e and description.		
Official Form 106A/B		Sc	chedule A/B: Property	page 4

De	ebtor 2	Patricia Ellen Deason	Case number (if k	(nown)
24.		s in an education IRA, in an account in a qualified ABLE prog C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ram, or under a qualified state tuiti	on program.
	■ No □ Yes	Institution name and description. Separately file the	records of any interests.11 U.S.C. § §	521(c):
		equitable or future interests in property (other than anything	listed in line 1), and rights or powe	ers exercisable for your benefit
	■ No			·
	☐ Yes.	Give specific information about them		
		s, copyrights, trademarks, trade secrets, and other intellectua les: Internet domain names, websites, proceeds from royalties and		
	_	Give specific information about them		
27.		es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association	noldings, liquor licenses, professional	licenses
	_	Give specific information about them		
Mo	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax refo	unds owed to you		
	☐ Yes. 0	Give specific information about them, including whether you alread	ly filed the returns and the tax years	
	■ No	support  les: Past due or lump sum alimony, spousal support, child suppor  Give specific information	r, maintenance, divorce settlement, pr	operty settlement
30.		imounts someone owes you  les: Unpaid wages, disability insurance payments, disability benef benefits; unpaid loans you made to someone else	its, sick pay, vacation pay, workers' c	compensation, Social Security
	_	Give specific information		
		ts in insurance policies les: Health, disability, or life insurance; health savings account (H	SA); credit, homeowner's, or renter's i	insurance
	Yes.	Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
		Term with work	Patty Deason	\$0.00
	If you a someon	Term with work  erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insume has died.	Patty Deason	value:
∐ Ye:	S.	Give specific information		
3.		against third parties, whether or not you have filed a lawsuit les: Accidents, employment disputes, insurance claims, or rights t		
		Describe each claim		

Official Form 106A/B Schedule A/B: Property page 5

**Todd Martin Deason** 

Debtor 1

Debtor 1 Debtor 2	Todd Martin Deason Patricia Ellen Deason		Case number (if known)	
34. <b>Other</b> ■ No	contingent and unliquidated claims of every nature, inclu	uding counterclaims	of the debtor and rights to se	et off claims
☐ Yes	. Describe each claim			
35. <b>Any f</b> i ■ No	nancial assets you did not already list			
☐ Yes	. Give specific information			
	the dollar value of all of your entries from Part 4, includir Part 4. Write that number here		ges you have attached	\$13,847.94
Part 5: D	escribe Any Business-Related Property You Own or Have an Inte	rest In. List any real esta	ate in Part 1.	
	own or have any legal or equitable interest in any business-relat	ted property?		
_	so to Part 6.			
☐ Yes.	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	ມ Own or Have an Interes	st In.	
46 <b>Do vo</b>	u own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	o. Go to Part 7.		ig related property.	
☐ Ye	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
	u have other property of any kind you did not already list apples: Season tickets, country club membership	?		
☐ Yes	. Give specific information			
54. <b>Add</b>	the dollar value of all of your entries from Part 7. Write the	nat number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>Part</b>	1: Total real estate, line 2			\$540,000.00
	2: Total vehicles, line 5	\$0.00		Ψοτο,οσο.σο
57. <b>Part</b>	3: Total personal and household items, line 15	\$6,700.00		
58. <b>Part</b>	4: Total financial assets, line 36	\$13,847.94		
59. <b>Part</b>	5: Total business-related property, line 45	\$0.00		
60. <b>Part</b>	6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>Part</b>	7: Total other property not listed, line 54	\$0.00		
62. <b>Tota</b>	Il personal property. Add lines 56 through 61	\$20,547.94	Copy personal property tota	\$20,547.94
63. <b>Tota</b>	of all property on Schedule A/B. Add line 55 + line 62			\$560,547.94

Official Form 106A/B Schedule A/B: Property page 6

	mation to identify your			
Debtor 1	Todd Martin Deas	son		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number (if known)				☐ Check if this is an amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property You Claim as Exempt	

	☐ You are claiming state and federal nonbar	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)				
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
De	ebtor 1 Exemptions 50444 Nantwich Macomb, MI 48044 Macomb County	\$300,000.00		\$9,476.18	11 U.S.C. § 522(d)(1)	
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
	tables chairs couches beds Line from Schedule A/B: 6.1	\$3,000.00		\$1,500.00	11 U.S.C. § 522(d)(3)	
	Line Holli Schedule A/B. 9.1			100% of fair market value, up to any applicable statutory limit		
	3 tvs desktop	\$1,500.00		\$750.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
	general clothing Line from Schedule A/B: 11.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(3)	
	Line Holli Golleddie PAB. 1111			100% of fair market value, up to any applicable statutory limit		
	wedding band Line from Schedule A/B: 12.2	\$100.00		\$100.00	11 U.S.C. § 522(d)(4)	
	LINE HOLL SUITEGUE PVD. 12.2			100% of fair market value, up to any applicable statutory limit		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	dog Line from Schedule A/B: 13.1	\$100.00		\$50.00	11 U.S.C. § 522(d)(3)	
	Ellie Holli Genedale A/B. 10.1			100% of fair market value, up to any applicable statutory limit		
	checking: Genisys Line from Schedule A/B: 17.1	\$1,200.00		\$600.00	11 U.S.C. § 522(d)(5)	
	Elle Holli Schedule Arb. 17.1			100% of fair market value, up to any applicable statutory limit		
	checking savings: Y-12 FCU Line from Schedule A/B: 17.3	\$5.00		\$2.50	11 U.S.C. § 522(d)(5)	
	Elle Holli Schedule A/B. 17.0			100% of fair market value, up to any applicable statutory limit		
	401k: Voya Line from Schedule A/B: 21.1	\$12,637.94		\$12,637.94	11 U.S.C. § 522(d)(12)	
	Line from Schedule AVD. 2111			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustme	nt.)	
	No					
	☐ Yes. Did you acquire the property cove	red by the exemption wi	thin 1	,215 days before you filed this case	9?	
	□ No					
	☐ Yes					

Fill in this inform	nation to identify your	case:		
Debtor 1				
	First Name	Middle Name	Last Name	
Debtor 2	Patricia Ellen Dea	ason		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	DF MICHIGAN	
Case number				
(if known)				☐ Check if this is an
				amended filing
-				

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.					
	☐ You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
D€	ebtor 2 Exemptions 50444 Nantwich Macomb, MI 48044 Macomb County	\$300,000.00		\$9,476.17	11 U.S.C. § 522(d)(1)	
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
	tables chairs couches beds Line from Schedule A/B: 6.1	\$3,000.00		\$1,500.00	11 U.S.C. § 522(d)(3)	
				100% of fair market value, up to any applicable statutory limit		
	3 tvs desktop	\$1,500.00		\$750.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: <b>7.1</b>			100% of fair market value, up to any applicable statutory limit		
	general clothing Line from Schedule A/B: 11.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(3)	
				100% of fair market value, up to any applicable statutory limit		
	wedding ring Line from Schedule A/B: 12.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(4)	
				100% of fair market value, up to any applicable statutory limit		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	dog Line from Schedule A/B: 13.1	\$100.00		\$50.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	checking: Genisys Line from Schedule A/B: 17.1	\$1,200.00		\$600.00	11 U.S.C. § 522(d)(5)
	Elle Holli Genedale PAB.			100% of fair market value, up to any applicable statutory limit	
	checking: Genisys Line from Schedule A/B: 17.2	\$5.00		\$5.00	11 U.S.C. § 522(d)(5)
	Ellie II oli II oo oo			100% of fair market value, up to any applicable statutory limit	
	checking savings: Y-12 FCU Line from Schedule A/B: 17.3	\$5.00		\$2.50	11 U.S.C. § 522(d)(5)
	Ellie II oli II oo loo dala 102.			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No			led on or after the date of adjustme	nt.)
	☐ Yes. Did you acquire the property cover	red by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No				
	Yes				

Fill in	this information to identify you	ur case:			
Debtor	t 1 Toold Montin Do				
Debioi	Todd Martin De	Middle Name Last Name		-	
Debtor	r 2 Patricia Ellen D				
(Spouse		Middle Name Last Name		-	
المائدة ال	Ctataa Dawlininatai Carint fan tha	. FACTERN DICTRICT OF MICHICAN			
United	States Bankruptcy Court for the	: EASTERN DISTRICT OF MICHIGAN		-	
Case r	number				
(if known				☐ Check	if this is an
				amend	ded filing
Offici	ial Form 106D				
Sch	edule D. Creditors	s Who Have Claims Secure	ed by Propert	V	12/15
	oddio B. Oroditoro	, who have claims cocar	od by 1 Topoli	<del>J</del>	,.0
is neede	ed, copy the Additional Page, fill it	If two married people are filing together, both are out, number the entries, and attach it to this form.			
	(if known).				
_	ny creditors have claims secured b				
Ц	No. Check this box and submit t	his form to the court with your other schedules.	You have nothing else	to report on this form.	
	Yes. Fill in all of the information	below.			
Part 1:	List All Secured Claims				
2. List a	all secured claims. If a creditor has	more than one secured claim, list the creditor separate	Column A	Column B	Column C
for each	h claim. If more than one creditor has	s a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much a	is possible, list the claims in alphabet	ical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 <b>A</b>	Ally	Describe the property that secures the claim:	\$0.00	\$0.00	\$0.00
	Creditor's Name	2016 Jeep Compass			
		A cold to be a col			
F	PO Box 9001951	As of the date you file, the claim is: Check all that apply.			
L	_ouisville, KY 40290	☐ Contingent			
N	lumber, Street, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who o	wes the debt? Check one.	Nature of lien. Check all that apply.			
	otor 1 only	$\square$ An agreement you made (such as mortgage or s	secured		
☐ Deb	otor 2 only	car loan)			
Deb	otor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At le	east one of the debtors and another	☐ Judgment lien from a lawsuit			
	eck if this claim relates to a	Other (including a right to offset)			
COI	mmunity debt				
Date de	ebt was incurred	Last 4 digits of account number			
2.2 <b>A</b>	Atlantic Capital Bank NA	Describe the property that secures the claim:	\$58,803.69	\$240,000.00	\$0.00
	Creditor's Name	8001 Schroeder Powell, TN 37849			· · · · · · · · · · · · · · · · · · ·
		Knox County			
		As of the date you file, the claim is: Check all that			
	PO Box 550889	apply.			
	Atlanta, GA 30355	☐ Contingent			
N	lumber, Street, City, State & Zip Code	☐ Unliquidated			
VA/II.	the debto o	Disputed			
_	wes the debt? Check one.	Nature of lien. Check all that apply.			
	otor 1 only	An agreement you made (such as mortgage or s	secured		
_	otor 2 only	car loan)			
	otor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	east one of the debtors and another	Judgment lien from a lawsuit			
	eck if this claim relates to a	Other (including a right to offset) 2nd mort	gage		
COI	mmunity debt				
D-4I	obt was incurred 2012	Last 4 digits of account number 7050	,		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

Debtor 1 Todd Martin Deason		Case number (if know)		
First Name Middle N	lame Last Name	,		
Debtor 2 Patricia Ellen Deason				
First Name Middle N	lame Last Name			
2.3 Bayview Loan Servicing  Creditor's Name	Describe the property that secures the claim:  8001 Schroeder Powell, TN 37849 Knox County	\$182,179.19	\$240,000.00	\$0.00
2601 S Bayshore Drive	As of the date you file, the claim is: Check all that			
4th Floor	apply.			
Miami, FL 33133	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or s	ecured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) mortgage	•		
Date debt was incurred 2012	Last 4 digits of account number 3167			
2.4 Genisys Credit Union	Decaribe the manager that account the algian.	¢20.949.60	¢200 000 00	\$0.00
2.4 Genisys Credit Union Creditor's Name	Describe the property that secures the claim: 50444 Nantwich Macomb, MI 48044	\$29,848.60	\$300,000.00	\$0.00
	Macomb County			
2100 Executive Hills	As of the date you file, the claim is: Check all that			
Auburn Hills, MI 48326	apply.  ☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or s car loan)	ecured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) 2nd mort	gage		
Date debt was incurred 2016	Last 4 digits of account number			
2.5 Members First Mortgage	Describe the property that secures the claim:	\$251,199.05	\$300,000.00	\$0.00
Creditor's Name	50444 Nantwich Macomb. MI 48044			<del></del>
	Macomb County			
040.444.044.05	As of the date you file, the claim is: Check all that			
616 44th Street SE Grand Rapids, MI 49548	apply.			
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated			
Number, Street, Oity, State & Zip Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or s	ecured		
Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) mortgage			
Date debt was incurred 2015	Last 4 digits of account number 3706			
2.6 Vova Financial	Describe the property that secures the claim:	\$2 575 51	\$12 637 94	\$0.00

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

Debtor 1	Todd Mart	tin Deason			(	Case number (if knov	v)	
	First Name	Middle N	ame	Last Name				
Debtor 2	Patricia El	llen Deason						
	First Name	Middle N	ame	Last Name				
Cred	itor's Name		401k: Voya	<b>a</b>				
	Box 99007 rtford, CT 0	~	As of the date apply.  Contingent	you file, the claim is: Check	k all that			
Num	ber, Street, City, S	State & Zip Code	☐ Unliquidate	ed				
Who owe	s the debt? C	Check one.	☐ Disputed Nature of lie	n. Check all that apply.				
☐ Debtor☐ Debtor☐	,		An agreem car loan)	ent you made (such as morto	gage or sec	ured		
■ Debtor	1 and Debtor 2	? only	☐ Statutory li	en (such as tax lien, mechani	ic's lien)			
☐ At leas	t one of the deb	otors and another	☐ Judgment	lien from a lawsuit				
	if this claim re nunity debt	elates to a	Other (incl	uding a right to offset)				
Date debt	was incurred	2014-2015	Last 4	digits of account number	name			
Add the	dollar value of	f your entries in C	olumn A on this	s page. Write that number h	nere:	\$524,	606.04	
	the last page	•	the dollar value	totals from all pages.			606.04	

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in th	is information to id	entify your case	:				
Debtor 1	Todd M	artin Deason					
	First Name		Middle Name	Last Name			
Debtor 2		Ellen Deason					
(Spouse if,	filing) First Name		Middle Name	Last Name			
United S	tates Bankruptcy Co	urt for the: EA	STERN DISTRICT OF	MICHIGAN			
Case nul	mber					_	eck if this is an ended filing
	l Form 106E/F	_	Have Unsecu	red Claims			12/15
any execu Schedule Schedule left. Attacl	tory contracts or une G: Executory Contrac D: Creditors Who Hav	cpired leases that is and Unexpired le Claims Secured ge to this page. If yon).	could result in a claim. Leases (Official Form 10 by Property. If more spa you have no information	Also list executory ( 6G). Do not include ce is needed, copy	Part 2 for creditors with NON contracts on Schedule A/B: I any creditors with partially the Part you need, fill it out, do not file that Part. On the t	Property (Official secured claims the number the entri	Form 106A/B) and on nat are listed in es in the boxes on the
	ny creditors have prior						
	o. Go to Part 2.	ity unsecured cia	iiis agaiist you!				
☐ Ye	es. ■ List All of Your N		secured Claims				
	ny creditors have non						
_	•	_					
⊔ No	o. You have nothing to i	eport in this part. S	ubmit this form to the cou	t with your other sch	edules.		
■ Ye	es.						
unsed	cured claim, list the cred one creditor holds a par	litor separately for e	each claim. For each claim	listed, identify what	o holds each claim. If a credit type of claim it is. Do not list of three nonpriority unsecured o	aims already inclu	ded in Part 1. If more
							Total claim
4.1	Capital One Bank		Last 4 digits	of account number	8777		\$3,028.69
	Nonpriority Creditor's Na	ame				_	·
_	P.O. Box 6492 Carol Stream, IL 6	60197-6 <i>1</i> 92	When was the	e debt incurred?	Over the last few year	ars	
	Number Street City Stat		As of the date	you file, the claim	is: Check all that apply		
١	Who incurred the debt	? Check one.					
ı	Debtor 1 only		☐ Contingent				
I	Debtor 2 only		☐ Unliquidate	ed			
I	Debtor 1 and Debtor	2 only	☐ Disputed				
I	At least one of the de	ebtors and another	Type of NON	PRIORITY unsecure	d claim:		
I	☐ Check if this claim	is for a communit	Student loa	ans			
•	lebt s the claim subject to				aration agreement or divorce th	nat you did not	
ı	No		☐ Debts to pe	ension or profit-sharir	ng plans, and other similar deb	ts	
I	□Yes		Other Spe	cify Credit card	purchases		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Debtor 2	Todd Martin Deason Patricia Ellen Deason		Case number (if know)	
	Cardmember Service	Last 4 digits of account number	5720	\$6,988.43
	Nonpriority Creditor's Name PO Box 94014 Palatine, IL 60094	When was the debt incurred?	Over the last few years	
٦	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
(	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit card	purchases	
	Cardmember Service	Last 4 digits of account number	6215	\$6,788.30
	Nonpriority Creditor's Name PO Box 94014 Palatine, IL 60094	When was the debt incurred?	Over the last few years	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
,	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit card	purchases	
	CBM Services	Last 4 digits of account number	name	\$12.00
	Nonpriority Creditor's Name PO Box 551 Midland, MI 48640	When was the debt incurred?	2016	
Ī	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	■ No	·	g p.as, and other ominal dobto	
	⊔ res	Other. Specify medical		

	Patricia Ellen Deason		Case number (if know)	
	hrysler Capital	Last 4 digits of account number	6838	\$1,467.45
PC	onpriority Creditor's Name  O Box 961275  Out Month TX 76161 1275	When was the debt incurred?	2014	
Nu	ort Worth, TX 76161-1275 Imber Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	ho incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
Ц	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
del Is t	bt the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Vehicle Def	ficiency	
	iti Cards	Last 4 digits of account number	6088	\$3,293.43
PC	onpriority Creditor's Name O Box 78045 hoenix, AZ 85062-8045	When was the debt incurred?	Over the last few years	
	Indenix, AZ 85062-8045 Imber Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	ho incurred the debt? Check one.	,	and a specific specif	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
del		Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
1.7 Co	omenity Bank	Last 4 digits of account number	3377	\$2,561.01
Ba	onpriority Creditor's Name ankruptcy Department D Box 183043	When was the debt incurred?	Over the last few years	
Co Nu	blumbus, OH 43218-3043 Imber Street City State Zlp Code ho incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
del Is t	bt the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit card	purchases	

Debtor 1 Todd Martin Deason Debtor 2 Patricia Ellen Deason	Case number (if	know)
Genisys Credit Union	Last 4 digits of account number name	\$3,011.82
Nonpriority Creditor's Name 2100 Executive Hills Auburn Hills, MI 48326	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that ap	pply
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or report as priority claims	r divorce that you did not
■ No	$\square$ Debts to pension or profit-sharing plans, and other s	similar debts
Yes	Other. Specify loan	
Great Lakes Foot & Ankle Institute	Last 4 digits of account number 9559	\$127.33
Nonpriority Creditor's Name 32743 23 Mile Rd Suite 210 New Baltimore, MI 48047	When was the debt incurred? 2017	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that ap	pply
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or report as priority claims	r divorce that you did not
■ No	☐ Debts to pension or profit-sharing plans, and other s	similar debts
☐ Yes	Other. Specify Medical	
.1 Home Depot Credit Services	Last 4 digits of account number 2879	\$3.814.13
Nonpriority Creditor's Name		
PO Box 78011	When was the debt incurred? Over the last	few years
Phoenix, AZ 85062  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that ap	pply
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck all that ap	ріу
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or report as priority claims	r divorce that you did not
■ No	$\square$ Debts to pension or profit-sharing plans, and other s	similar debts
Yes	■ Other. Specify Credit card purchases	

Patricia Ellen Deason		Case number (if know)	
Home Depot Credit Services	Last 4 digits of account number	5039	\$4,837.4
Nonpriority Creditor's Name PO Box 78011	When was the debt incurred?	Over the last few years	
Phoenix, AZ 85062  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	, 10 0. 11.0 date you inc, 11.0 date.	or chook an anat appry	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Keith Marshall DO	Last 4 digits of account number	1160	\$793.0
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ, σσ.σ
3272 E 12 Mile Rd Suite 102	When was the debt incurred?	2017	
Warren, MI 48092			
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	По и		
_	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans	a dam.	
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
		ig plans, and other similar debts	
Yes	Other. Specify Medical		
Merchants & Medical	Last 4 digits of account number	5022	\$0.0
Nonpriority Creditor's Name 6324 Taylor Drive Flint, MI 48507	When was the debt incurred?	2017	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Collection :  Other. Specify Hospital - (	Agency for St. John Oakland	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Mila Velinova PsyD PLLC	Last 4 digits of account number	0791	\$223.40
Nonpriority Creditor's Name 43157 Schoenherr Road Sterling Heights, MI 48313	When was the debt incurred?	2017	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical		
Rev-1 Solutions, LLC	Last 4 digits of account number	6007	\$231.00
Nonpriority Creditor's Name 517 US Highway 31 N Greenwood, IN 46142	When was the debt incurred?	2017	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Other. Specify Collection	Agency for St. John Hospital	
Rev-1 Solutions, LLC	Last 4 digits of account number	7326	\$30.00
Nonpriority Creditor's Name 517 US Highway 31 N	When was the debt incurred?	2016	
Greenwood, IN 46142 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	, i.e. o. i.i.e uuie yeu .ii.e, ii.e eiiiii.i.	or one on that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify medical		

Sears Credit Cards	Last 4 digits of account number	5910	\$1,821.0
Nonpriority Creditor's Name PO Box 78051 Phoenix, AZ 85062	When was the debt incurred?	Over the last few years	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Credit card	purchases	
St. John Macomb Oakland Hospital	Last 4 digits of account number	0362	\$2,596.2
Nonpriority Creditor's Name PO Box 773123 3123 Solutions Center	When was the debt incurred?	2017	
Chicago, IL 60677			
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Medical		
St. John Oakland Hospital CRNA	Last 4 digits of account number	5022	\$255.
Nonpriority Creditor's Name 7924 Solutions Center Drive Chicago, IL 60677-7009	When was the debt incurred?	2017	
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Medical		

Synchrony Bank	Last 4 digits of account number	3743	\$4,833.0
Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965061	When was the debt incurred?	Over the last few years	
Orlando, FL 32896-5061  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Credit card	purchases	
		0700	<b>*</b> * * * * * * * * * * * * * * * * * *
Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	3782	\$1,630.1
Attn: Bankruptcy Dept. PO Box 965061	When was the debt incurred?	Over the last few years	
Orlando, FL 32896-5061 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	8282	\$987.8
Attn: Bankruptcy Dept. PO Box 965061 Orlando, FL 32896-5061	When was the debt incurred?	Over the last few years	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Credit card		

Visa	Last 4 digits of account number	7714	\$7,833.15
Nonpriority Creditor's Name PO Box 660493 Dallas, TX 75266	When was the debt incurred?	Over the last few years	
umber Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
/ho incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
ebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐Yes	■ Other. Specify Credit card	purchases	

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			0.00
		you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	57,164.19
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	57,164.19

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this infor	mation to identify your	case:				
Debtor 1	Todd Martin Deas	son				
	First Name	Middle Name	Last Name			
Debtor 2 Patricia Ellen Deason						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	F MICHIGAN					
Case number _						Ob a alvif this is a s
(II KIIOWII)					_	Check if this is an
					į į	amended filing

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Ally PO Box 9001951 Louisville, KY 40290	2016 Jeep Compass
2.2	GM Financial PO Box 183834 Arlington, TX 76096	2016 Acadia
2.3	GM Financial PO Box 183834 Arlington, TX 76096	2016 Buick Enclave
2.4	GM Financial PO Box 183834 Arlington, TX 76096	2017 Chevrolet Malibu

Fill in thi	s information to identify you	r case:			
Debtor 1	Todd Martin Dea				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, f	Patricia Ellen De First Name	Middle Name	Last Name		
United S	ates Bankruptcy Court for the:	EASTERN DISTRICT (	DF MICHIGAN		
Case nur (if known)	nber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	debtors			12/15
people ar fill it out, your nam	e filing together, both are eq	ually responsible for sup e boxes on the left. Attac n). Answer every question	olying correct information. n the Additional Page to th i.	If more space is r is page. On the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
□ No					
	ithin the last 8 years, have yo ona, California, Idaho, Louisian				ty states and territories include
	o. Go to line 3. es. Did your spouse, former sp	ouse, or legal equivalent liv	e with you at the time?		
in lir Forn	ne 2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make sure	e you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and	ZIP Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1	Liam Deason 50444 Nantwich Dr Macomb, MI 48044			☐ Schedule D, I☐ Schedule E/F☐ Schedule G☐ GM Financial	, line

Fill in this information to	o identify your case:	
Debtor 1	Todd Martin Deason	
Debtor 2 (Spouse, if filing)	Patricia Ellen Deason	
United States Bankrupt	cy Court for the: _EASTERN DISTRICT OF MICHIGAN	
Case number (If known)		Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Form	1061	13 income as of the following date:  MM / DD/ YYYY

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation cmm op48314rator agency manager Include part-time, seasonal, or **Employer's name** D & F Corporation **Titleocity LLC** self-employed work. **Employer's address** Occupation may include student 52455 Merrill Rd 5445 Corporate Dr Suite 180 or homemaker, if it applies. Sterling Heights, MI 48314 Troy, MI 48098 How long employed there? 17 months 6 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,160.70 8,333.33 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4,160.70 8,333.33

Debtor 1 Debtor 2 Todd Martin Deason
Patricia Ellen Deason

Case number (if known)

				For I	Debtor 1		btor 2 or ing spouse	
	Сору	y line 4 here	4.	\$	4,160.70	\$	8,333.33	
_	Linta							
5.		all payroll deductions:	Fo	ď	704.07	¢.	4 040 04	
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$	704.87 0.00	\$	1,810.84 0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	1,043.08	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	-
	5e.	Insurance	5e.	\$	173.33	ς	0.00	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	=
	5g.	Union dues	5g.	\$-	71.72	\$	0.00	-
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,993.00	\$	1,810.84	-
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,167.70	\$	6,522.49	
8.	List a 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	-
	8c. 8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	8c. 8d. 8e.	\$ \$ \$	0.00 0.00 0.00	\$ \$ \$ \$	0.00 0.00 0.00	-
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	<b>D</b>
10.		ulate monthly income. Add line 7 + line 9.  the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	2	2,167.70 + \$_	6,522	2.49 = \$	8,690.19
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule and de contributions from an unmarried partner, members of your household, your or friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a sify:	depend				edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ Combin	8,690.19
13.	Do y∈	ou expect an increase or decrease within the year after you file this form?	•				monthly	y income
		Yes. Explain:						
	_	· L						

	in this information	('and taking tife and				1					
FIII	in this informa	tion to identify yo	our case:								
Deb	Debtor 1 Todd Martin Deason					Check if this is:					
1	Debtor 2 Patricia Ellen Deason (Spouse, if filing)						☐ An amended filing ☐ A supplement showing postpetition chapte 13 expenses as of the following date:				
Unit	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF MICHIO	SAN		MM / DD / YYYY				
	e number nown)										
Of	fficial Fo	rm 106J									
		J: Your	Exner	1989				12/15			
Be info	as complete a ormation. If m nber (if know	and accurate as	possible eded, atta	. If two married people and the control of the cont				or supplying correct			
Pari	t 1: Descr Is this a join	ibe Your House	hold								
1.	☐ No. Go to	line 2.	in a conar	ate household?							
			ın a separ	ate nousehold?							
	■ N □ Y		st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of De	btor 2.				
2.	Do you have	e dependents?	□ No								
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not state dependents				son		18	□ No ■ Yes			
					son		19	□ No ■ Yes			
								□ No			
								☐ Yes			
								□ No □ Yes			
3.	expenses of	oenses include f people other t d your depende	nan $_{\square}$	No Yes							
exp	imate your ex	ate Your Ongoi openses as of your address as a date after the l	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed the second	orm as a s e J, check	supplement in a Cha the box at the top o	apter 13 case to report of the form and fill in the			
the	ude expense value of sucl ficial Form 10	n assistance an	non-cash d have ind	government assistance i cluded it on <i>Schedule I:</i> Y	f you know Your Income		Your exp	enses			
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgag	e 4.	\$	1,771.00			
	If not includ	led in line 4:									
	4a. Real e	estate taxes				4a.	\$	0.00			
		rty, homeowner's	s, or renter	's insurance		4b.	·	80.00			
				ıpkeep expenses		4c.	·	100.00			
5.		owner's associat nortgage payme		dominium dues our residence, such as ho	me equity loans	4d. 5.		37.50 361.00			
٥.	. wantional i	gugo puyiii	y		mo oquity loans	0.	<b>—</b>	301.00			

Schedule J: Your Expenses 18-40311-mbm Doc 1 Filed 01/10/18 Entered 01/10/18 11:31:18 Page 36 of 54 Official Form 106J

Fill in this inform	nation to identify your	case:				
Debtor 1	Todd Martin Deas	son				
	First Name	Middle Name	Las	t Name		
Debtor 2	Patricia Ellen Dea	ason				
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGA	N		
Case number						
(if known)						☐ Check if this is an
						amended filing
If two married pe You must file this obtaining money	eople are filing togethers s form whenever you fi	n connection with a bankr	sible for s	upplyin	ng correct information. dules. Making a false sta	atement, concealing property, or 000, or imprisonment for up to 20
Sign	n Below					
Did you pa	y or agree to pay some	one who is NOT an attorn	ey to help	you fil	out bankruptcy forms?	
■ No						
☐ Yes. N	Name of person				Attach Ba	nkruptcy Petition Preparer's Notice,
<del>_</del>					Declaration	on, and Signature (Official Form 119)
	Ity of perjury, I declare e true and correct.	that I have read the summ	nary and s	chedul	es filed with this declara	tion and
X /s/ Tod	d Martin Deason		x	/s/ Pa	tricia Ellen Deason	
	Martin Deason		_ ^		cia Ellen Deason	
	re of Debtor 1				ure of Debtor 2	
Data	I 40, 0040			Data	I	
Date _	January 10, 2018			Date	January 10, 2018	

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill in	this inforn	nation to identify you	r case:			
Debto	r 1	Todd Martin Dea	ason			
Dabta	- 0	First Name	Middle Name	Last Name		
Debto (Spouse	r∠ e if, filing)	Patricia Ellen De	Middle Name	Last Name		
United	d States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
0						
(if known	number _ <sub>n)</sub>					check if this is an
					a	mended filing
Stat Be as o	ement complete a ation. If m	and accurate as possi ore space is needed,	attach a separate sheet to	re filing together, both are	equally responsible for sup	
numbe		n). Answer every ques				
Part 1	Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1. W	/hat is you	current marital statu	ıs?			
	Married Not mar	ried				
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	I vi.					
	No Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>1</i> .	
C	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
					ity property state or territory	
	No					
	Yes. Ma	ike sure you fill out Sch	hedule H: Your Codebtors (Of	ficial Form 106H).		
Part 2	Explai	n the Sources of You	ır Income			
Fi	II in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	] No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$3,076.92
			☐ Operating a business		☐ Operating a husiness	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(befo	ss income ore deductions and usions)	Sources of inc		Gross income (before deductions and exclusions)
	r last calen nuary 1 to	dar year: December	31, 2017 )	■ Wages, commissions, bonuses, tips		\$48,580.00	■ Wages, combonuses, tips	nmissions,	\$110,000.00
				☐ Operating a business			Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips		\$55,000.00	■ Wages, combonuses, tips	nmissions,	\$85,000.00
				☐ Operating a business			☐ Operating a	business	
	and other winnings.  List each s	public bene If you are fil	fit payments; ing a joint cas the gross inco	ner that income is taxable. Expensions; rental income; intese and you have income that ome from each source separa	erest; div you rece	idends; money colle eived together, list it	cted from lawsuits; only once under D	royalties; ar ebtor 1.	
				Debtor 1 Sources of income Describe below.	each (befo	ss income from n source ore deductions and	Debtor 2 Sources of ind Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Pa	vments You	Made Before You Filed for		usions)			
6.		Debtor 1's	or Debtor 2 ebtor 1 nor D	's debts primarily consume Debtor 2 has primarily cons personal, family, or househo	er debts umer de	? ebts. Consumer deb	ots are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		During the No.	90 days befo	ore you filed for bankruptcy, d	lid you p	ay any creditor a tot	al of \$6,425* or mo	re?	
		☐ Yes	paid that cr	each creditor to whom you pa editor. Do not include payme payments to an attorney for	nts for d	omestic support obli			
		* Subject		t on 4/01/19 and every 3 yea			n or after the date of	of adjustment	t.
	Yes.			or both have primarily consore you filed for bankruptcy, d			al of \$600 or more	?	
		□ <sub>No.</sub>	Go to line 7	·.					
		■ Yes	include pay	each creditor to whom you pa ments for domestic support of this bankruptcy case.					
	Creditor'	s Name an	d Address	Dates of payme	ent	Total amount paid	Amount you still owe	Was this	payment for
	616 44tl	rs First M n Street Sl apids, MI	E	last 3months		\$5,313.00	\$251,199.00		-

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Genisys Credit Union 2100 Executive Hills Auburn Hills, MI 48326	2nd mortgage	\$1,083.00	\$30,000.00	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other
GM Financial PO Box 183834 Arlington, TX 76096	last 3 months	\$1,020.72	\$0.00	☐ Mortgage ■ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
GM Financial PO Box 183834 Arlington, TX 76096	last 3 months	\$895.38	\$0.00	☐ Mortgage ■ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony.	I partners; relatives of any gen in control, or owner of 20%	eneral partners; partners or more of their votin	erships of which yog securities; and a	ou are a general partner; corpora ny managing agent, including o
of which you are an officer, director, person a business you operate as a sole proprietor alimony.	I partners; relatives of any gen in control, or owner of 20%	eneral partners; partners or more of their votin	erships of which yog securities; and a	ou are a general partner; corpora ny managing agent, including or
Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony.  No Yes. List all payments to an insider.	I partners; relatives of any gen in control, or owner of 20% or. 11 U.S.C. § 101. Include pure partners of payment uptcy, did you make any partners of payment partners.	eneral partners; partner or more of their votin ayments for domestic Total amount paid	erships of which yog securities; and an export obligation  Amount you still owe	nu are a general partner; corpora ny managing agent, including or s, such as child support and Reason for this payment
Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony.  No Yes. List all payments to an insider.  Insider's Name and Address  Within 1 year before you filed for bankru insider?  Include payments on debts guaranteed or of the payments of the payment	I partners; relatives of any gen in control, or owner of 20% or. 11 U.S.C. § 101. Include pure partners of payment uptcy, did you make any partners of payment partners.	eneral partners; partner or more of their votin ayments for domestic Total amount paid	erships of which yog securities; and an export obligation  Amount you still owe	nu are a general partner; corpora ny managing agent, including or s, such as child support and Reason for this payment
Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony.  No Yes. List all payments to an insider.  Insider's Name and Address  Within 1 year before you filed for bankruinsider?  Include payments on debts guaranteed or officer.  No Yes. List all payments to an insider.	Dates of payment	eneral partners; partner or more of their votin ayments for domestic ayments for domestic ayments or transfer a formal amount paid ayments or transfer a formal amount	erships of which yog securities; and an export obligation  Amount you still owe any property on a	au are a general partner; corporative managing agent, including on s, such as child support and  Reason for this payment  ccount of a debt that benefite  Reason for this payment
Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony.  No Yes. List all payments to an insider. Insider's Name and Address  Within 1 year before you filed for bankru insider? Include payments on debts guaranteed or officer.  No Yes. List all payments to an insider Insider's Name and Address	Dates of payment  Dates of payment	Total amount paid  Total amount paid  Total amount paid	Amount you still owe  Amount you still owe  Amount you still owe  any property on a	au are a general partner; corporate managing agent, including ones, such as child support and  Reason for this payment account of a debt that benefited the local payment account of this payment account of this payment account of the local payment account of the payment account of the local payment account of the payment account of the local payment account of the payment account accou

7.

8.

	btor 1 Todd Martin Deason btor 2 Patricia Ellen Deason	Case number	(if known)
Dei	Patricia Elleri Deason	Case number	(II KNOWII)
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo	cy, was any of your property repossessed, foreclosed $_{\scriptscriptstyle N}$ .	, garnished, attached, seized, or levied?
	No. Go to line 11.		
	☐ Yes. Fill in the information below.		
	Creditor Name and Address	Describe the Property	Date Value of the
		Explain what happened	property
	Within 00 days before you file of feet beauting		
11.	accounts or refuse to make a payment be	otcy, did any creditor, including a bank or financial ins ause you owed a debt?	stitution, set off any amounts from your
	■ No	•	
	☐ Yes. Fill in the details.		
	Creditor Name and Address	Describe the action the creditor took	Date action was Amount taken
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a	cy, was any of your property in the possession of an a nother official?	assignee for the benefit of creditors, a
	■ No		
	☐ Yes		
Par	rt 5: List Certain Gifts and Contributions		
13	Within 2 years before you filed for hankru	etcy, did you give any gifts with a total value of more t	han \$600 ner person?
10.	No	noy, and you give any gives with a total value of more a	nan 4000 per person.
	☐ Yes. Fill in the details for each gift.		
	Gifts with a total value of more than \$600	Describe the gifts	Dates you gave Value
	per person		the gifts
	Person to Whom You Gave the Gift and Address:		
14.	Within 2 years before you filed for bankru	otcy, did you give any gifts or contributions with a tota	Il value of more than \$600 to any charity?
	■ No		
	☐ Yes. Fill in the details for each gift or co	tribution.	
	Gifts or contributions to charities that to more than \$600	al Describe what you contributed	Dates you Value contributed
	Charity's Name		Contributed
	Address (Number, Street, City, State and ZIP Code)		
Par	rt 6: List Certain Losses		
15.	Within 1 year before you filed for bankrup or gambling?	cy or since you filed for bankruptcy, did you lose anyt	hing because of theft, fire, other disaster,
	■ No		
	Yes. Fill in the details.		
	Describe the property you lost and	escribe any insurance coverage for the loss	Date of your Value of property
		aclude the amount that insurance has paid. List pending isurance claims on line 33 of Schedule A/B: Property.	loss lost
		isulance claims on line 33 of Schedule A.B. I Toperty.	
Par	tt 7: List Certain Payments or Transfers		
16.	consulted about seeking bankruptcy or pr	cy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? parers, or credit counseling agencies for services required	
	□ No		
	Yes. Fill in the details.		
	Person Who Was Paid	Description and value of any property	Date payment Amount of
	Address Email or website address	transferred	or transfer was payment made
	Person Who Made the Payment, if Not Yo	1	illauc
Offic	cial Form 107 State	nent of Financial Affairs for Individuals Filing for Bankruptcy	page 4

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any transferred	property	Date payment or transfer was made	Amount of payment	
	Daniela Dimovski Attorney at Law P.C. 44200 Garfield Rd. Suite 124 Clinton Township, MI 48038			10-18-17	\$1,000.00	
	Access Counseling			11-11-17	\$8.95	
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list	or to make payments to your cre		or transfer any prope	rty to anyone who	
	■ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and value of any transferred	property	Date payment or transfer was made	Amount of payment	
	8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.					
	Yes. Fill in the details.					
	Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred		any property or s received or debts xchange	Date transfer was made	
	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No		to a self-settled tr	rust or similar device	of which you are a	
	Yes. Fill in the details.					
	Name of trust	Description and value of the	property transfer	red	Date Transfer was made	
Par	8: List of Certain Financial Accounts, Instru	ıments, Safe Deposit Boxes, an	d Storage Units			
	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred?					
	Include checking, savings, money market, or o houses, pension funds, cooperatives, associat  No			nares in banks, credit	unions, brokerage	
	Yes. Fill in the details.					
		ast 4 digits of Type of account number instrumer	nt cl m	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for bankruptc	y, any safe depos	it box or other depos	itory for securities,	
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the	contents	Do you still have it?	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

22.	Hav	e y	you stor	ed propert	ty in a storag	e unit or pla	ace other than your	home within	1 yea	r before you filed for bankruptcy?	•
			lo 								
		me	of Stor	n the detain age Facilit		Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		De	scribe the contents	Do you still have it?
Par	t 9:		Identify	Property Y	ou Hold or C	Control for S	Someone Else				
23.		•	u hold o meone.	r control a	iny property	that someo	ne else owns? Incli	ude any prope	rty yo	ou borrowed from, are storing for,	or hold in trust
			lo 'es. Fill	in the deta	ils.						
			er's Nam ess (Num		ity, State and ZIP	Code)	Where is the prop (Number, Street, City, S Code)		De	scribe the property	Value
Par	t 10:		Give De	tails Abou	t Environmer	ntal Informa	tion				
For	the p	oui	rpose of	Part 10, th	ne following	definitions a	apply:				
	toxi	ic s	substan	ces, waste	s, or materia	I into the air	_	e water, groun	_	pollution, contamination, release er, or other medium, including sta	
				•	, facility, or p e it, includin		•	environmental	law,	whether you now own, operate, o	r utilize it or used
					ns anything utant, contar			as a hazardou	s wa	ste, hazardous substance, toxic s	ubstance,
Rep	ort a	ıll ı	notices,	releases, a	and proceedi	ings that yo	u know about, rega	ardless of whe	n the	ey occurred.	
24.	Has	aı	ny gove	nmental u	ınit notified y	ou that you	may be liable or po	otentially liable	e unc	ler or in violation of an environme	ntal law?
	•		lo								
		Y	es. Fill i	n the detai	ils.						
			e of site ess (Num	ber, Street, Ci	ity, State and ZIP	Code)	Governmental un Address (Number, S ZIP Code)		nd	Environmental law, if you know it	Date of notice
25.	Hav	e <u>y</u>	you noti	fied any go	overnmental	unit of any	release of hazardo	us material?			
			lo 'es. Fill i	n the detai	ils.						
			e of site ess (Num	ber, Street, Ci	ity, State and ZIP	Code)	Governmental un Address (Number, S ZIP Code)		nd	Environmental law, if you know it	Date of notice
26.	Hav	e :	you bee	n a party ir	n any judicial	or adminis	trative proceeding	under any env	rironr	mental law? Include settlements a	nd orders.
			lo 'es. Fill i	n the deta	ils.						
			Title Numbe				Court or agency Name Address (Number, S State and ZIP Code)	Street, City,	Na	ture of the case	Status of the case
Par	t 11:		Give De	tails Abou	t Your Busin	ess or Conr	nections to Any Bu	siness			
27.	Witl	hir	1 4 years	before yo	u filed for ba	ınkruptcy, d	lid you own a busir	ness or have a	ny of	the following connections to any	business?
			A sole	proprieto	r or self-emp	loyed in a tr	rade, profession, o	r other activity	, eith	er full-time or part-time	
			A men	nber of a li	mited liability	y company	(LLC) or limited lial	bility partnersl	nip (L	LP)	
Offici	al Fo	rm	107			Statement of	f Financial Affairs for	Individuals Filin	g for	Bankruptcy	page

Best Case Bankruptcy

	otor 1 otor 2	Todd Martin Deason Patricia Ellen Deason		Ca	se number (if known)
	ı	☐ A partner in a partnership			
	I	☐ An officer, director, or managing exe	ecutive of a corpora	tion	
	I	An owner of at least 5% of the voting	g or equity securities	s of a corporation	
		No. None of the above applies. Go to P	Part 12.		
		Yes. Check all that apply above and fill	in the details below	for each business.	
	Addı		Describe the nature		Employer Identification number Do not include Social Security number or ITIN.
	(Numi	ber, Street, City, State and ZIP Code)	Name of accountar	nt or bookkeeper	Dates business existed
28.		n 2 years before you filed for bankrupt utions, creditors, or other parties.	cy, did you give a fir	nancial statement to a	nyone about your business? Include all financial
		No Yes. Fill in the details below.			
	Nam Addı (Numb		Date Issued		
Par	t 12:	Sign Below			
are with 18 U	true ar a ban J.S.C. ( Todd dd Ma		false statement, con \$250,000, or impriso /s/ Patrici Patricia E	ncealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
Dat		anuary 10, 2018	Date Ja	anuary 10, 2018	
	<b>you at</b> lo	ttach additional pages to Your Stateme		•	g for Bankruptcy (Official Form 107)?
<b>I</b> N	lo	ay or agree to pay someone who is not ame of Person Attach the Bankrup			y forms? and Signature (Official Form 119).

# United States Bankruptcy Court Eastern District of Michigan

In re	Todd Martin Deason Patricia Ellen Deason		Case No.	
-		Debtor(s)	Chapter	13
		NT OF ATTORNEY FOR DEBTOR(S JANT TO F.R.BANKR.P. 2016(b)	<u>S)</u>	
	The undersigned, pursuant to F.R.Bankr.P. 2016(b			
	The undersigned is the attorney for the Debtor(s) in			
•	The compensation paid or agreed to be paid by the		onel	
•	[X] FLAT FEE	bestor(s) to the undersigned is. [eneck	onej	
	A. For legal services rendered in contemple exclusive of the filing fee paid			,500.00
	B. Prior to filing this statement, received.		1	,000.00
	C. The unpaid balance due and payable is .		. 2	,500.00
	[ ] <u>RETAINER</u>			
	A. Amount of retainer received			
	B. The undersigned shall bill against the re agreed to pay all Court approved fees an			urly rate schedule.] Debtor(s) have
	\$310.00 of the filing fee has been paid.			
	In return for the above-disclosed fee, I have agreed that do not apply.]	to render legal service for all aspects of	the bankrupt	cy case, including: [Cross out any
	A. Analysis of the debtor's financial situation bankruptcy;	_	_	· ·
	<ul> <li>B. Preparation and filing of any petition, scl</li> <li>C. Representation of the debtor at the meeti</li> <li>D. Representation of the debtor in adversary</li> </ul>	ng of creditors and confirmation hearing	g, and any adjo	ourned hearings thereof;
	E. Reaffirmations;			
	F. Redemptions; G. Other:			
	By agreement with the debtor(s), the above-disclost <b>Per Retainer Agreement</b>	sed fee does not include the following se	rvices:	
		om: ages, compensation for services perform ling the identity of payor)	ed	
	The undersigned has not shared or agreed to share, corporation, any compensation paid or to be paid e		members of th	e undersigned's law firm or
Dated:	January 10, 2018		la Dimovsk	
		Daniela Daniela 44200 G Clinton	arfield Road Township, N	50278 Itorney at Law P.C. I Suite 124
				-
Agreed:	/s/ Todd Martin Deason Todd Martin Deason		ia Ellen Dea Ellen Deaso	
	i Juu ivai tiii Deastii	rallicia	Liicii Deasu	11

Debtor

Debtor

### Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# **United States Bankruptcy Court Eastern District of Michigan**

Todd Martin Deason			
In re Patricia Ellen Deason		Case No.	
	Debtor(s)	Chapter	13
VERIFICATION OF CREDITOR MATRIX  The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.			
Date:January 10, 2018	/s/ Todd Martin Deason Todd Martin Deason		
	Signature of Debtor		
Date: <b>January 10, 2018</b>	/s/ Patricia Ellen Deason		
	Patricia Ellen Deason		

Signature of Debtor

Ally PO Box 9001951 Louisville, KY 40290

Atlantic Capital Bank NA PO Box 550889 Atlanta, GA 30355

Bayview Loan Servicing 2601 S Bayshore Drive 4th Floor Miami, FL 33133

Capital One Bank P.O. Box 6492 Carol Stream, IL 60197-6492

Cardmember Service PO Box 94014 Palatine, IL 60094

CBM Services PO Box 551 Midland, MI 48640

Chrysler Capital PO Box 961275 Fort Worth, TX 76161-1275

Citi Cards PO Box 78045 Phoenix, AZ 85062-8045

Comenity Bank
Bankruptcy Department
PO Box 183043
Columbus, OH 43218-3043

Genisys Credit Union 2100 Executive Hills Auburn Hills, MI 48326

GM Financial PO Box 183834 Arlington, TX 76096 Great Lakes Foot & Ankle Institute PC 32743 23 Mile Rd Suite 210 New Baltimore, MI 48047

Home Depot Credit Services PO Box 78011 Phoenix, AZ 85062

Keith Marshall DO 3272 E 12 Mile Rd Suite 102 Warren, MI 48092

Liam Deason 50444 Nantwich Dr Macomb, MI 48044

Members First Mortgage 616 44th Street SE Grand Rapids, MI 49548

Merchants & Medical 6324 Taylor Drive Flint, MI 48507

Mila Velinova PsyD PLLC 43157 Schoenherr Road Sterling Heights, MI 48313

Rev-1 Solutions, LLC 517 US Highway 31 N Greenwood, IN 46142

Sears Credit Cards PO Box 78051 Phoenix, AZ 85062

St. John Macomb Oakland Hospital PO Box 773123 3123 Solutions Center Chicago, IL 60677

St. John Oakland Hospital CRNA 7924 Solutions Center Drive Chicago, IL 60677-7009

Synchrony Bank Attn: Bankruptcy Dept. PO Box 965061 Orlando, FL 32896-5061

Visa PO Box 660493 Dallas, TX 75266

Voya Financial PO Box 990070 Hartford, CT 06199